

Fill in this information to identify your case:

Debtor 1 Kathryn L Tripptree
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 23-11116
 (If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☒ Not employed

Occupation

Training Specialist

Employer's name

Kumon

Employer's address

301 Route 17 N.

Number Street

Number Street

Rutherford, NJ 07070

City State ZIP Code

City State ZIP Code

How long employed there? 14 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>6,168.74</u> | \$ <u>0.00</u> |
| 3. Estimate and list monthly overtime pay. | + \$ <u>0.00</u> | + \$ <u>0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | \$ <u>6,168.74</u> | \$ <u>0.00</u> |

| | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|---|-------------------|-----------------------------------|--|
| Copy line 4 here.....→ 4. | \$ 6,168.74 | \$ 0.00 | |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 1,357.88 | \$ 0.00 | |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 369.96 | \$ 0.00 | |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 | |
| 5d. Required repayments of retirement fund loans | 5d. \$ 825.64 | \$ 0.00 | |
| 5e. Insurance | 5e. \$ 133.54 | \$ 0.00 | |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 | |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 | |
| 5h. Other deductions. Specify: HSA | 5h. + \$ 115.38 | + \$ 0.00 | |
| Other Insurance | \$ 80.56 | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. \$ 2,882.96 | \$ 0.00 | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,285.78 | \$ 0.00 | |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 | |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 | |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 2,720.00 | |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ 0.00 | |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 | |
| 8h. Other monthly income. Specify: | 8h. + \$ 0.00 | + \$ 0.00 | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. \$ 0.00 | \$ 2,720.00 | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 3,285.78 + | \$ 2,720.00 = \$ 6,005.78 | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | | 11. + \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | | | 12. \$ 6,005.78 Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. Debtor expects unemployed spouse to find new employment <input checked="" type="checkbox"/> Yes. Explain: | | | |

| | | | |
|--|---------------------|-------------|-----------|
| Debtor 1 | Kathryn L Tripptree | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of New Jersey | | | |
| | | | (State) |
| Case number | 23-11116 | | |
| (If known) | | | |

MM / DD / YYYY

12/15

Part 1: Describe Your Household

☐ No
☒ Yes
☐ No
☒ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

☒ No
☐ Yes

4d. \$ 0.00

Debtor 1 Kathryn L Tripptree
 First Name Middle Name Last Name

Case number (if known) 23-11116

| | Your expenses |
|--|----------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ 0.00 |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ 300.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ 40.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 560.00 |
| 6d. Other. Specify: _____ | 6d. \$ 0.00 |
| 7. Food and housekeeping supplies | 7. \$ 675.00 |
| 8. Childcare and children's education costs | 8. \$ 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 35.00 |
| 10. Personal care products and services | 10. \$ 50.00 |
| 11. Medical and dental expenses | 11. \$ 0.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 160.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 50.00 |
| 14. Charitable contributions and religious donations | 14. \$ 0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ 0.00 |
| 15b. Health insurance | 15b. \$ 0.00 |
| 15c. Vehicle insurance | 15c. \$ 337.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ 0.00 |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 499.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ 469.00 |
| 17c. Other. Specify: _____ | 17c. \$ 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ 0.00 |
| 20b. Real estate taxes | 20b. \$ 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 |

Debtor 1 Kathryn L Tripptree
First Name Middle Name Last Name

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21. **Other.** Specify: _____

21. **+\$** 0.00
+\$ _____
+\$ _____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 5,952.49

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 5,952.49

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 6,005.78

23b. Copy your monthly expenses from line 22c above.

23b. **−** \$ 5,952.49

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 53.29

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Debtor's mortgage payment increased substantially apparently due to increased escrow.
 Debtor anticipates reduced expense when automobile lease expires in June 2025.

Fill in this information to identify your case:

Debtor 1 Kathryn L Triptree
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of New Jersey

Case number 23-11116
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kathryn L Triptree

Signature of Debtor 1

X _____

Signature of Debtor 2

Date 12/30/2024
MM / DD / YYYY

Date _____
MM / DD / YYYY